



CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

RECEIVED

AUG 31 2009

DATE: 8-31-2009

PSC SC  
DOCKETING DEPT.

I have the following Certificate:

☒ Class C Taxi # 7916 ☒ Class C Charter # 7803 ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☒ Scope of Authority - TAXI  
From: Anderson, Oconee, Pickens Counties To: Between Points & Places In SC.  
(Current Scope) (New Scope)

☒ Passenger Limit  
From: 1-7 Passengers To: 8-15 Passengers  
(Current Limit Number) (New Limit Number)

Anderson Clemson Shuttle Svc LLC P.O. Box 6103  
(Name & DBA if applicable) (Street and/or Mailing Address)

Anderson SC 29623  
(City, State, Zip Code)

[Signature]  
(Signature)

864-226-9020  
(Telephone Number)

PRESIDENT / CEO  
(Title)